

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)

2. TO (Include ZIP Code)

Director, US Army Acquisition SPT Ctr
ATTN: 51C Proponent, 9900 Belvoir Rd.
Fort Belvoir, VA 22060

3. FROM (Include ZIP Code)

SECTION I - PERSONAL IDENTIFICATION4. NAME (Last, First, MI)
JONES, WILLIAM A.5. GRADE OR RANK/PMOS/AOC
SSG/91J6. SOCIAL SECURITY NUMBER
555-55-5555**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from _____ to _____
_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input checked="" type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

I, SSG William A. Jones (MOS) 91J request reclassification into MOS 51C - Acquisition, Logistics and Technology Contracting Noncommissioned Officer with waiver. I am requesting a waiver for Time In Service (TIS) and I also meet the following requirements for MOS 51C:

- a. Exhibit stability in personnel affairs IAW AR 600-20.
- b. Meet Service Remaining Requirements IAW AR 614-200, Ch 4. (36 months)
- c. Maintain Deployable Status IAW AR 40-501 and understand these are deployable assignments.
- d. No derogatory information in OMPF.
- e. Updated and approved Family Care Plan, if applicable.
- f. Understand if selected I maybe subject to a Selective Reenlistment Bonus (SRB) recoupment, if applicable.
- g. TIS: 13 Years

(EXAMPLE FOR A REQUEST WITH WAIVER FOR TIME IN SERVICE)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)

2. TO (Include ZIP Code)

Director, US Army Acquisition SPT Ctr
ATTN: 51C Proponent, 9900 Belvoir Rd.
Fort Belvoir, VA 22060

3. FROM (Include ZIP Code)

SECTION I - PERSONAL IDENTIFICATION4. NAME (Last, First, MI)
JONES, WILLIAM A.5. GRADE OR RANK/PMOS/AOC
SSG/91J6. SOCIAL SECURITY NUMBER
555-55-5555**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering For Oversea Service	Retesting in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	<input checked="" type="checkbox"/> Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

I, SSG William A. Jones (MOS) 91J request reclassification into MOS 51C - Acquisition, Logistics and Technology Contracting Noncommissioned Officer without waiver. I meet the following requirements for MOS 51C:

- Exhibit stability in personnel affairs IAW AR 600-20.
- Meet Service Remaining Requirements IAW AR 614-200, Ch 4. (36 months)
- Maintain Deployable Status IAW AR 40-501 and understand these are deployable assignments.
- No derogatory information in OMPF.
- Updated and approved Family Care Plan, if applicable.
- Understand if selected I maybe subject to a Selective Reenlistment Bonus (SRB) recoupment, if applicable.

(EXAMPLE FOR A REQUEST WITHOUT WAIVER)

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)